## LOBBYING SUPPLEMENTAL REGISTRATION FORM To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

of each

## Instructions

· Print in ink or type.

Haynie

- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-
- This form must be submitted within 5 days of any changes in your registration. form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Randy

| 1. | NAME                               |   |   |                                      | _ í                                  |   |
|----|------------------------------------|---|---|--------------------------------------|--------------------------------------|---|
|    | Last                               | Pire  |   | MI                                   |                                      |   |
| 2. | BUSINESS PHONE                     | 225-336-4143  |   |                                      |                                      | المال المالية |
|    | _                                  |   |   |                                      | L                                    |   |
| _  |                                    | ). Box 44032, Capitol S   | Station Bato                                | Rouge, LA                            | 70804                                |   |
| 3. | BUSINESSADDRE                      | SS<br>Street and No.  |   | State                                | Zip                                  |   |
|    |                                    | 1465 Ted Dunham   |   |                                      |                                      |   |
|    | MAILING ADDRESS                    | 8   |   |                                      |                                      |   |
|    |                                    | Street and No.  | City  | State                                | Zip                                  |   |
|    |                                    | Self-Employed   |   |                                      |                                      |   |
| 4. | EMPLOYER                           |   |   |                                      |                                      |   |
|    |                                    |   |   |                                      |                                      |   |
| 5. | EMPLOYER'S ADD                     | RESS  |   |                                      |                                      |   |
|    |                                    | Street and No.  |   | City                                 | State                                | Zip   |
| 6. | 7. LIST BELOW (                    | erminated all lobbying activi<br>(a) Names of persons, group,<br>group, or organization liste<br>group; (d) whether or not th | s, or organizations<br>d; (c) the type of b | which you are a<br>usiness each is o | dding or elimin:<br>ngagod in or the | purpose or function of the  |
|    | (, Name <u>Save Our</u><br>Address | s Summers   |   |                                      |                                      |   |
|    |                                    |   |   |                                      |                                      |   |
|    | Business or pur                    | boss  |   |                                      |                                      |   |
|    | Now Repre<br>Does this p           | sentation<br>erson pay you?   |   |                                      | ì                                    |   |
|    | If No, who pays                    | s you?  |   |                                      |                                      |   |
|    | Terminato                          | d Representation as of9   | (1/05                                       |                                      |                                      |   |

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## SUPPLEMENTAL REGISTRATION FORM



| 2, | Name Education Networks of America           |
|----|--|
|    | Address                                      |
|    | Business or purpose                          |
|    | New Representation Does this person pay you? |
|    | If No, who pays you?                         |
|    | Terminated Representation as of9/1/05        |
| 3. | Name Global Data Systems                     |
|    | Address                                      |
|    | Business or purpose                          |
|    | Does this person pay you?                    |
|    | If No, who pays you?                         |
|    | Terminated Representation as of9/1/05        |

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 ct seq.] has been deliberately omitted.

tignature of Lobbyist

Form S01, Rev. 8/99